EXHIBIT A

	Wire/Funds Transfer Payment Order unds Transfer Agreement and Authorization
Crescont Bank 991'38" Ave.N	•
	Dollar Amount of Wire: \$10000.00 ! Fee: \$ 2.2
Weekler and the second	to the amount of \$2,000 of more may require aconticits recogneeding.)
REDUESTERIOR	GINATOR DATA
Sender's Name: SOUTHERN SKY AIR & TOURS	Date: 12/22/11 Time. AM / PM
Address: 1800 OAK ST NORTH	Account Number to be Deblad: 0159000512
MYRTLE BEACH, SC 29577	Account Type: CHECKING MATT
Phone Number; 843-916-8700	Customer Caliback: 🛛 🖾 Yes 🔲 No 1(: 🔏
Driver's License No., State, lasue Date, Expiration Date:	Contact Namo (if different than sender): MARY AVANT-BALDWIN
INTERMEDIARY BAN	K DATA (If required)
ABA Routing Number	Phone Number:
. Bank Name;	Contact Name;
Bank Address;	
BENEFICIARY	BANK DATA
ABA Routing Number:026009593	Phoné Number:
Bank Name: BANK OF AMERICA	Contact Name: Dabbie Doyle
Bank Address: 767 CAYUGA ST	Swift Code (if applicable):
LEWISTON, NY 14092	ਰੇਗਨ Code (if applicable)
BENEFICIA	RY DATA
Beneficiary's Name: NIAGARA FALLS AVIATION	Account Number: 009389911830
Beneficiary's Address: 8900 PORTER ROAD, NIAGARA FALLS, NY 143	04
Special Instructions: i	
	,
CUSTOMER: The undersigned originator requests payment to be made to the beneficial	
law, the undersigned agrees that this wire transfer is irrevocable and that processing this wire transfer and that it is not responsible for any losses o	the sole obligation of the bank is to exercise extraordinary care in
processing this transfer. The undersigned originator also authorizes the b (including dobiting originator's account if applicable), and agrees that such	enk to transfer funds as set forth in the instructions noted herein
(see page two) and any applicable fees,	1
Customer's Signature: Say (0100x)	Date of Request 12/22/11
BÂNK US	E ONLY
Branch Representative's Name:	Franch Name & Number: MB 01, 1-13
Wire Depth les in the Date Time: /d/2	AU (2:347 OFAC TIME CON DANL
11/ 12/24)	THE LONG LINE
Crostent Benil Ward/Funds Transfer Payment/Order	WRE-TR-AZ
Fünds Transfor Agreement & Authorization, 01/01/08	FTA4-IAZ I Pogo 1 of 2
•	ass-

CERTIFIED TRUE COPY OF THE ORIGINAL EMILY HOULD

Signature

(6:13:12

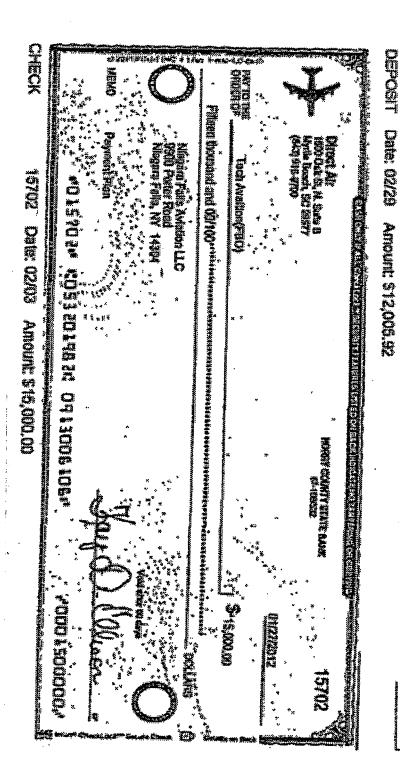
Date

Croscont Bank A Division of Cro-Coin Bank	age 3 of 6 Wire/Funds Transfer Payment Order Funds Transfer Agreement and Authorization
991 38th Avv N Myrtle Beuch, SC 29577	
A designation of the same of t	Dollar Amount of Wire: \$25,000.00 Fee: \$
	nsfers in the amount of \$3,000 or more may require additional recordkeeping.)
REQUESTE	RIORIGINATOR DATA
Sender's Name, SOUTHERN SKY AIR & TOURS	Date: 01/13/12 Time: AM / PM
Address: 1600 OAK ST NORTH	Account Number to be Debited, 0159000912
MYRTLE BEACH, SC 29577	Account Type, CHECKING
Phone Number: 843-916-9700	Customer Callback: 🛛 Yes 🔲 No
Driver's License No., State, Issue Date, Expiration Date;	Contact Name (if different than sender): MARY AVANT-BALDWIN
INTERMEDIARY	S BANK DATA (If required)
ABA Routing Number	Phone Number
Bank Name	Contact Name
Bank Address.	
DENEPIC	DIARY BANK DATÁ
ABA Routing Number.026009593	Phone Number:
Bank Name: BANK OF AMERICA	Contact Name: Debble Doyle
Bank Address: 767 CAYUGA ST	Swift Code (if applicable):
LEWISTON, NY 14092	Bank Code (if applicable):
BENE	EFICIARY DATA
Beneficiary's Name NIAGARA FALLS AVIATION	Agount Number, 009389911830
Beneficiary's Address: 9900 PORTER ROAD, NIAGARA FALLS, N	NY 14504
Special Instructions.	ı 🦯
custo	MER APPROVAL
law, the understaned agrees that this wire transfer is irrevocable an	naficiary or account number named above. To the extent not profilbiled by Id that the sole obligation of the bank is to exercise extraordinary care in
processing this wire transfer and that it is not responsible for any to processing this transfer. The undersigned originator also authorize	sses or delays which occur as a result of any other party's involvement in a the bank to transfer funds as set forth in the instructions noted herein
(including debiling originator's account if applicable), and agrees the (see page two) and any applicable fees	at such transfer of funds is subject to the bank's standard transfer agreement
N a don	r
Customer's Signature: 1004 (1)	Date of Request: 01/13/12
HAN.	IK USE ONLY
	Brench Name & Number:
Branch Representative's Name: 13	Digital Natio di Galliani.
and in	11212219 -
and in	$\frac{1-13-12.259}{349}$ OFAC \Box TMS \Box CON \Box ANL
Branch Representative's Name: 13 Wire Dept: Date/Time:	11212219 -

CERTIFIECTRUE COPY OF THE ORIGINAL
Senature

G-13-12

Date



ACT SOCE LLD AS BAT DE ESOS

02/15/2012 \$\$20,000.00 Check Number 4673

